

2006 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # F57180	
1. Entity Name HOWARD N. SACKS, DMD, P.A.	



FILED

06 SEP 21 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O HOWARD N. SACKS 10651 NORTH KENDALL DRIVE, SUITE 112 MIAMI, FL 33176	Mailing Address C/O HOWARD N. SACKS 10651 NORTH KENDALL DRIVE, SUITE 112 MIAMI, FL 33176
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09192006 REIN-P CR2E098 (11/05)

4. FEI Number 59-2140531		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SACKS, HOWARD N. 10651 NORTH KENDALL DRIVE, SUITE 112 MIAMI, FL 33176		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SACKS, HOWARD N 10651 N KENDALL DR #112 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7/13/06 90023 014 \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

K. Eckel SEP 22 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 9/19/06 (305) 596-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

Howard N. Sacks, D.M.D., P.A.

ORTHODONTIST

10651 NORTH KENDALL DRIVE
MIAMI, FL 33176
(305) 596-1722

17792 S.W. SECOND STREET
PEMBROKE PINES, FL 33029
(954) 430-7701

September 19, 2006

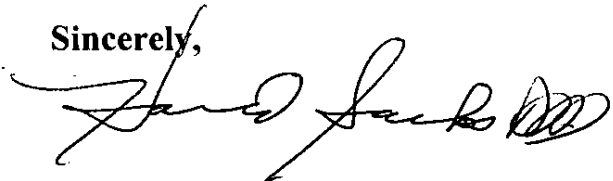
**Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301**

To Whom It May Concern:

I filed our corporate report April 2006 and sent check number 2958 for the amount of \$150.00. According to our bank statements that check never cleared. August 8th, 2006 a stop payment was put on that check and a new check was issued; the second check was posted and cleared.

I am enclosing a copy of the stop payment. I have not received notice of resolution.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard N. Sacks", followed by a stylized monogram or flourish.

Howard N. Sacks, D.M.D., P.A.